PTO/S8/06 (08-03)
Approved for use through 7/31/2006. OMB 0851-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 09702483		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY	OR		R THAN ENTITY
FOR NUMBER FILED			NUMB	NUMBER EXTRA		RATE	FEE	1	RATE.	FEE	
	C FEE CFR 1.18(a))							s	OR		\$_
	AL CLAIMS CFR 1.16(c))		minus 20 = •				x s =		OR	XS .	
INDI	PENDENT CLASS	vis .	minus 3 = *			İ.	x \$ =		OR	x \$=	
<u> </u>								1			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5		OR	+\$=	
* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	L
CLAIMS AS AMENDED - PART II											
9	Uno (Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR		THAN ENTITY	
A		CLAIMS	J ·	HIGHEST	PRESENT	Ì	:		٠.		
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ME		<u> </u>	L	7	'		x s <u>/00</u> = /80		OR	360	
	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))		+s_=		OR	TOTAL	
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		(Column 1)		(Column 2)	(Column 3)						
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	1-2501	AFTER AMENDMENT		PREVIOUSLY- PAID FOR				TIONAL FEE	٠.	_ :	TIONAL FEE
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	 	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	1			1		
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AMENDMENT	(37 CFR 1.16(b))	<u> </u>			L		X \$=		OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ =		OR	+ 5 =	
							TOTAL ADD'L FEE		OR ·	TOTAL ADD'L FEE	
	ti the entry in c	olumn 1 is less the Number Previoush	on the entr	y in column 2, wri	le "0" in column : is less than 20	3.	er "20".		•		
		Number Previously						•••			

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.